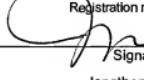


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional)  17452/005001		
Application Number	10/520,917-Conf. #5145	Filed  January 11, 2005		
For METHOD FOR PROCESSING AN IMAGE ACQUIRED THROUGH A GUIDE CONSISTING OF A PLURALITY OF OPTICAL FIBERS				
Art Unit  2624	Examiner  A. S. Allison			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee  \$130	Small Entity Fee  \$65	\$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee  \$490	Small Entity Fee  \$245	\$ 245.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee  \$1110	Small Entity Fee  \$555	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee  \$1730	Small Entity Fee  \$865	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee  \$2350	Small Entity Fee  \$1175	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0591</u> . <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,986</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____				
 Signature <u>Jonathan P. Osha</u> Typed or printed name				
<u>September 8, 2009</u> Date <u>(713) 228-8600</u> Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/> Total of <u>1</u> forms are submitted.				